

FORM 1 B

NATIONAL SKILL DEVELOPMENT ORGANISATION
INSTITUTE OF VOCATIONAL EDUCATION – IVE
TAMIL NADU REGION, SOUTH INDIA

APPLICATION FOR NEW STUDY CENTRE (SETP) - MEMBERSHIP

Date : _____

Place : _____

To,

THE DIRECTOR
NATIONAL SKILL DEVELOPMENT ORGANISATION- NSDO,
INSTITUTE OF VOCATIONAL EDUCATION- IVE,
REGIONAL PROGRAM OFFICE,
TAMIL NADU, SOUTH INDIA

Sub : Study center Membership of NSDO -IVE to impart Training Programs for year_____

Respected Sir,

We, M/S_____

_____are willing to conduct your education and training programs at our place for the year_____ to _____ are furnishing the details of our center as per your Performa enclosed herewith. We will abide by the rules and regulations laid down by our organization (NSDO -IVE). Also we will invite you for inspection and verification of our center. We pay the necessary charges for the inspection.

Thanking you

Yours Sincerely

Head of the Institution

(Seal & Signature)

Details of the Applicant:

Name of the Applicant :

Designation :